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CONFIRMATION NO. 4060

<b>SERIAL NUMBER</b> 10/695,661	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 117163.00094
<b>APPLICANTS</b> Gerald Czygan, Buckenhof, GERMANY; <b>** CONTINUING DATA *****</b> <i>none - @ 05/23/06</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 50 996.4 10/30/2002 <i>@ 05/23/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>@ 05/23/06</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 64
			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 021324				
<b>TITLE</b> Stimulation device with stimulation outcome monitoring				
<b>FILING FEE RECEIVED</b> 1692	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	